

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

2 x 25-Mile Bike Ride and Campout – August 22-23, 2015

Sponsored by Flaming Arrows

- What:** A two-day bike ride (25 miles each day) from Half Moon Bay to Santa Cruz via Highway 1, and campout at Costanoa Resort/Campgrounds near Pigeon Point Lighthouse in Pescadero.
Options: Participants have the option of riding either or both days, and attending or skipping the overnight campout. (Separate transportation required.)
Eligibility: Scouts must have participated in at least three rides totaling 50 miles, including one 25-mile ride.
Note: *We will need adult drivers and support for this fantastic outing! Adult non-leaders are welcome to ride with us.*
- When:** Saturday-Sunday, August 22-23, 2015 (with one-day options)
- Meet:** Sycamore Park & Ride, 8:30 a.m. promptly on Saturday.
- Cost:** \$50. Includes campground, SAG support, lunch both days and breakfast Sunday. (Patrols will plan and cook dinner on Saturday.)
- Return:** Sycamore Park & Ride at approximately 5:00 p.m. on Sunday. (Scouts will call ahead if arrival time differs.)
- Uniform:** Troop 805 Cycling Jersey (or other brightly colored jersey)
- Details:** All participants need:
- 1) Properly fitted helmet, cage-mounted water bottles or hydropack, brightly colored jersey, spare tube and patch kit, sunglasses, cycling gloves, sunscreen, 3 energy bars;
 - 2) Minimal camp gear (10 essentials, evening clothes, mess kit, sleeping bag and pad) preferably in a duffel bag;
 - 3) Patrols will plan and cook Saturday dinner;
 - 4) All bikes must pass inspection at Troop meeting on August 18.
 - 5) *Email Mr. Gary by July 28 to select outing “options” noted above.*

Questions: Mr. Gary: cell: (925) 518-9896, email: todd@thegarys.net

Return the permission slips and checks to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, August 4th*

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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I hereby give permission for my son, _____, to attend this outing with Boy Scout Troop 805. I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, participants, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

If this activity involves archery or firearms, I hereby give express consent for a qualified range instructor to furnish BSA-approved archery or firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges.

I hereby give permission for the adult leaders to give over-the-counter (OTC) medicines as needed (e.g. Aleve for headache, fever, inflammation, pain; Benadryl for allergic reactions, nasal allergies, hives and itching; Lomotil for diarrhea; etc.) In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. (All reasonable measures will be taken to safeguard the health and safety of the Troop's members.)

Please check <u>all</u> options that you will attend.		
<input type="checkbox"/> Saturday 25 mile ride	<input type="checkbox"/> Saturday Campout	<input type="checkbox"/> Sunday 25 mile ride

Name of Parent or Guardian (please print): _____

Signature: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____

If I cannot be reached in the event of an emergency, please notify the person named below:

Name: _____ **Cell Phone:** _____

The following information relates to my son:

Physician's Name: _____ **Phone:** _____

Insurance Company: _____ **Policy No:** _____

Allergies or pertinent medical information (incl. Rx & OTC meds): _____

Tour Plan Information

Drive? (Check if Yes)	Vehicle Year / Make / Model	No. of Passengers	Driver's License / Name / Cell Phone	Auto Insurance (Min.: \$50K/\$100K/\$50K)
<input type="checkbox"/>				
To:				
<input type="checkbox"/>				
From:				

(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

WE NEED AT LEAST ONE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.

REGISTERED LEADERS: Will you be participating with the troop? Yes: **Name:** _____

Youth Protection Trained? Yes: **YP expiration date:** _____